Name in Full: Louise E. Berkling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Patuxent — County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

| | | | | | |
|---|---|---|---|---|---|
| Date of death | 1904 | Month: Dec | Day: 21st | Years: Age 20 | Months / Days |
| Sex | female | Color or Race | white | Birthplace | Fresnps. Md |
| Occupation | House-work | Where Residing if not at place of death | | | at place of death |
| Married, Single or Widowed | single | Name of Wife or Husband | | | |
| Father's Name | B. Berkling | | | Father's Birthplace | Germany |
| Mother's Maiden Name | Elizabeth Brockway | | | Mother's Birthplace | Germany |
| Name of person giving In formation | Herman Berkling | | | How related to deceased | Brother |

CAUSES OF DEATH

PHYSICIAN OR CORONER

| | | |
|---|---|---|
| Primary | Tuberculosis | How long 1 yr |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician: D. W. Perry |
| | | Address: Laurel Md |
| Accident or Suicide? | | |

LIBRARY BUREAU A66816

Name in Full: Ocha Bentley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: Dec — Day: 6 — Age: Years 56. Months 8 Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John Bentley

Father's Name: James Farrell — Father's Birthplace: Ireland

Mother's Maiden Name: Mary Farrell — Mother's Birthplace: Ireland

Name of person giving Information: Eva M. Bentley — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long: 1 year

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Murphy

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sarah Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waterbury — County: Anne Arundel

Date of death: Month: Dec — Day: 28 — Years: — Months: — Days: 3

Age

Sex: Female — Color or Race: African — Birthplace: Waterbury

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Brown — Father's Birthplace: Howard County

Mother's Maiden Name: Josephine Price — Mother's Birthplace: Anne Arundel Co

Name of person giving information: Georg Brooks — How related to deceased: Guardian

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition & Malnutrition — How long: 3 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sallie Brown (Midwife)

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hamilton Chase

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Severn; County: Anne Arundel

Date of death: Month: 12; Day: 17; 1904

Age: Years: 68; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed

Name of Wife or Husband: don't know

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Andrew Jackson

How related to deceased: son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis 120

How long: 4 month

Immediate: Uraemia

How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. F. Hammond

Address: Jessup Md.

Accident or Suicide? No

LIBRARY BUREAU A6881¢

Name in Full: Henry E Dennison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: Dec.; Day: 6; Years: 1904; Age: 62; Months: 3; Days: —

Sex: Male; Color or Race: White; Birthplace: Westbrook Conn

Occupation: Painter; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Laura J Dennison

Father's Name: Linie Dennison; Father's Birthplace: Conn

Mother's Maiden Name: Lucie Spencer; Mother's Birthplace: Conn

Name of person giving information: L. L. Dennison; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease; How long: 5 yrs.

Immediate: ; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D. Munk

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A65816

Name in Full — Weems Tucker Duvall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: St Margarets — County: A. A.

Date of death: 1904 — Month: Dec — Day: 17 — Age: Years: — Months: — Days: —

Sex: male — Color or Race: white — Birthplace: St. Margarets

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm R. Duvall — Father's Birthplace: —

Mother's Maiden Name: Alice Duvall — Mother's Birthplace: —

Name of person giving In formation: J. M. Duvall — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spina Bifida — How long: 10

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide? —

LIBRARY BUREAU A66016

Name in Full: Henritta Franklin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marley — County: Anne Arundel

Date of death: Month: Dec — Day: 28 — 1904

Age: Years: 61 — Months: — — Days:

Sex: Female — Color or Race: African — Birthplace: Anne Arundel Co Md

Occupation: Housewife — Where Residing if not at place of death.

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Jacob Franklin

Father's Name: William Brown — Father's Birthplace: Anne Arundel Co Md

Mother's Maiden Name: Henritta Brown — Mother's Birthplace: A A Co Md

Name of person giving Information: Jacob Franklin — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 4 years

Immediate: General debility — How long: 1 hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: no attending Dr

Address

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Ruth Naomi Gray

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: Month: Dec — Day: 16 — 1904

Age: Years: 2 — Months: — Days: 3

Sex: Female

Color or Race: Colored

Birthplace: Annapolis

Occupation:

Where Residing If not at place of death: 79 Clay St

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Robert Gray

Father's Birthplace: Md

Mother's Maiden Name: Bessie Mack

Mother's Birthplace: " "

Name of person giving In formation: Elonor Queen

How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — 15 H

How long: Five days

Immediate: Asthenia

How long:

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: John Ridout Jr

Address: Annapolis

Accident or Suicide?:

LIBRARY BUREAU A88516

Name in Full: Martha Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crownsville; County: Anne Arundel

Date of death: 1904; Month: 12; Day: 27

Age: Years: 5; Months: 6; Days:

Sex: Female; Color or Race: Black; Birthplace: U. S. Mo

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Sin G; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Green; Father's Birthplace: Md

Mother's Maiden Name: Martha Grosvenor; Mother's Birthplace: Md

Name of person giving Information: Martha Green; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 2 wks

Immediate: Pneumonia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. Glenn M.D.

Address: Millersville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Rufus H Grierson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Friendship — County: A. A.

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Dec — Day: 6 — Year: 1904 — Age: 24 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Calvert Co

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William E. Grierson — Father's Birthplace: Calvert Co

Mother's Maiden Name: Rebecca Cracklin — Mother's Birthplace: Calvert Co

Name of person giving Information: Charles B. Grierson — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Ten days

Immediate: Heart Failure — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full — Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Accident Point — County: Anne Arundel

Date of death 1904 — Month: Dec — Day: 14 — Age — Years: Still Born — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: A. A. Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Virgil Tracy — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Lizzie Harris — Mother's Birthplace: A. A. Co.

Name of person giving In formation: Dolly Harris — How related to deceased: Grandmother + midwife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still-Born 8. — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dolly Harris. Midwife

Address: Accident P.O. Anne Arundel Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Gladys L. Herrmann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brooklyn — County: a a

Date of death: 1904 — Month: 12 — Day: 12 — Age: Years: 5 — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: P. L. Herrmann — Father's Birthplace: Germany

Mother's Maiden Name: Gertrude F. McClelland — Mother's Birthplace: N. Y.

Name of person giving Imformation: Mother — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever — How long: 1 wks

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Brooke

Address: Brooklyn Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: C. C. Hickey

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis — Town: — County: A A

Date of death 1 90 — Month: Dec. — Day: 30 — Age: Years 56 — Months 7 — Days

Sex: Male — Color or Race: White — Birthplace: Bloomfield, O.

Occupation: Retired — Where Residing if not at place of death: Parole, Md.

Married, Single or Widowed: Widower — Name of Wife or Husband: Clara Eugene Hickey

Father's Name: Henry M. Hickey — Father's Birthplace: Ohio

Mother's Maiden Name: Adeline Elizabeth Hickey — Mother's Birthplace: Ohio

Name of person giving information: F. E. Fred — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Influenza — How long: 2 days

Immediate: Pneumonia — How long: 2

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A868516

Name in Full: Kate Pennington Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: aa

Date of death 1904: Month: Dec — Day: 13th — Age: Years: 36 — Months: — Days: 21

Sex: Female — Color or Race: White — Birthplace: Anne Arundel Co

Occupation: housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Rob't E. L. Hopkins

Father's Name: Lewis H Mace — Father's Birthplace: Anne Arundel Co

Mother's Maiden Name: Margaret E Williams — Mother's Birthplace: A.A. Co

Name of person giving Information: Rob't E L Hopkins — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pthisis — How long: 10 mos

Immediate: Pthisis — How long: 10 mos

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Oliver Purvis, M.D.

Address: Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Walter B Howard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Ant

Date of death: 1904 — Month: Dec — Day: 30th — Age: Years 1 — Months 10 — Days

Sex: Male — Color or Race: Colored — Birthplace: Ant Co.

Occupation: Lgnt. — Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Walter Howard — Father's Birthplace: Annapolis

Mother's Maiden Name: Mary Galloway — Mother's Birthplace:

Name of person giving information: Father — How related to deceased: 92

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho Pneumonia — How long: Six days

Immediate: Asthenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Richardt M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Mrs Fannie A. Hutton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: W Kendree — County: A. A. County

Date of death 1904 — Month: December — Day: 4 — Age — Years: 72 years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Calvert Co. Md.

Occupation: ——— — Where Residing if not at place of death: Co. Marlboro, Md.

Married, Single or Widowed: Widowed — Name of Wife or Husband: Wm Hutton

Father's Name: William Dalrymple — Father's Birthplace:

Mother's Maiden Name: Boyd — Mother's Birthplace:

Name of person giving In formation: Mrs Alice Ireland — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long:

Immediate: Ascites — How long: 4 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. M. Chaney M. D.

Address: Chaney, Md.

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full: Minta Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Ant

Date of death: Month: Dec — Day: 1st — 1904 — Age: Years: 40 yrs — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Ant Co.

Occupation: Laundress — Where Residing if not at place of death: 77 Finale Place

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Thomas Jones — Father's Birthplace: Ant Co.

Mother's Maiden Name: Lucy Johnson — Mother's Birthplace: " "

Name of person giving information: Thomas Jones — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Six days

Immediate: Asthenia — How long: 93

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Charles L. Lamb

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emergency Hospital | County: Annapolis

Date of death: 1904 | Month: Dec | Day: 28th | Years: 20 | Months: | Days:

Sex: Male | Color or Race: White | Birthplace: Annapolis

Occupation: Student St. Johns Col. | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: John H. Lamb | Father's Birthplace: Annapolis

Mother's Maiden Name: Harriet A. Thomas | Mother's Birthplace: Annapolis

Name of person giving Information: John H. Lamb | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Appendicitis | How long: 6 days

Immediate: Septicaemia | How long: 2 "

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo Wells M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83616

Name in Full: Mrs. Mary J. Jenn. Lane

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Annpolis (County) a. a. Co.

Date of death: Month Dec. Day 26 Years Age 91 Months 8 Days 14

Sex: female Color or Race: Colord Birthplace: a. a. Co.

Occupation: Nurse Where Residing if not at place of death: No. 2. acton Lane

Married, Single or Widowed: Married Name of Wife or Husband: Mr. Henry Lane

Father's Name: Mr. Benginan Clark Father's Birthplace: dont No

Mother's Maiden Name: dont No Mother's Birthplace: dont No

Name of person giving In formation: Miss. Carrie. Brice How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility 84 How long: Months

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Lidon M.D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Virginia Maude Linthicum

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: December — Day: 22. — Age: Years: 0.9 — Months: — — Days: 23 —

Sex: female — Color or Race: white — Birthplace: A. A. County

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Isaac Linthicum Jr. — Father's Birthplace: A. A. County

Mother's Maiden Name: Virginia Cruse Johnson — Mother's Birthplace: A. A. County

Name of person giving In formation: Louise M. Linthicum — How related to deceased: Sister

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammation of Bowels — How long: Two months

Immediate: Entrics — How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Wells.

Address: Annapolis Md.

Accident or Suicide? No.

LIBRARY BUREAU A88816

Name in Full: James Lusby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Parole — County: A. A. County.

Date of death 1904: Month: Dec. — Day: 7½ — Years: Age 63 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: A. A. County

Occupation: Farmer — Where Residing if not at place of death: Chesterfield.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Ely Lusby — Father's Birthplace: A. A. County

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Luther Nichols — How related to deceased: Nephew.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes — How long: Immediate

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm D. L. Lee

Address: Acting Coroner Annapolis Maryland

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Charles E. Mullen

CERTIFICATE OF DEATH

Died at: Town: East Port — County: Anne Arundel — MARYLAND

Date of death 190 4 — Month: Dec — Day: 26 — Age: Years: — Months: — Days: 6

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Charles E. Mullen — Father's Birthplace: Md

Mother's Maiden Name: Lethe E. Silver — Mother's Birthplace: Md

Name of person giving In formation: C. E. Mullen — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicemia — How long: 3 days

Immediate: Convulsions — How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis B. Hurkel Jr.

Address: 195 Glenwood St., Annapolis, Md.

~~resident~~ or ~~Coroner~~?

LIBRARY BUREAU A63516

Name in Full: Edward Murdock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Camp Pinkney — County: Ant

Date of death: Month: 1904 Dec. — Day: 22nd

Age — Years: 62 — Months — Days

Sex: Male

Color or Race: Colored

Birthplace: Antes

Occupation: Laborer

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband: Mary Murdock

Father's Name: Unknown

Father's Birthplace: A. A. Co.

Mother's Maiden Name: Unknown

Mother's Birthplace: Calvert Co

Name of person giving Information: Wife

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma & Chronic Nephritis

How long: Months

Immediate: Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Pidout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A888 16

Name in Full: Mary A Owings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side  County: A. A.

Date of death: Month: Dec  Day: 21  1904

Age: Years: 56  Months: —  Days: —

Sex: Female

Color or Race: White

Birthplace: A.A. Co Md

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Dr. Wallace Owings

Father's Name: Thos Tydings

Father's Birthplace: Md

Mother's Maiden Name: Mary A. Crandell

Mother's Birthplace: Md

Name of person giving Information: S. A. Wells

How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis  How long: 18 Mos

Immediate: Exhaustion  How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. T. Dent

Address: Churchton Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Charity Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harmans; County: Anne Arundel

Date of death: Month: Dec; Day: 3; 1904

Age: Years: 45 —; Months; Days

Sex: Female

Color or Race: Colored

Birthplace: Anne Arundel Co

Occupation: House Keeper

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Edward Queen

Father's Name: Luke Johnson

Father's Birthplace: Virginia

Mother's Maiden Name: Rachel

Mother's Birthplace: Maryland

Name of person giving information: Edward Queen

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis — How long: 2 Years

Immediate: Heart Failure — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C R Henderson

Address:

Accident or Suicide?

LIBRARY BUREAU A58516

Name in Full: Joseph Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West River  County: Anne Arundel

Date of death 1904: Month: Dec  Day: 31  Age: Years: 64  Months: —  Days: —

Sex: Male  Color or Race: White  Birthplace: Md

Occupation: Farmer  Where Residing if not at place of death:

Married, Single or Widowed: Married  Name of Wife or Husband:

Father's Name: Unknown  Father's Birthplace: Unknown

Mother's Maiden Name: Unknown  Mother's Birthplace: Unknown

Name of person giving Information: Wm H Waters  How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia  How long: Two weeks

Immediate: Heart Failure  How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maclay Carroll M.D.

Address: West River Md

Accident or Suicide? Natural

LIBRARY BUREAU A36818

Name in Full: James Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Parole — County: Anne Arundel

Date of death: Month: Dec — Day: 6 — Year: 1904

Age: Years: 45 — Months: — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Prince Geo Co

Occupation: Laborer

Where Residing if not at place of death: Camp Parole

Married, Single or Widowed: Widower

Name of Wife or Husband: Hannah Parker

Father's Name: Singleton Parker

Father's Birthplace: P G Co

Mother's Maiden Name: Hannah Brown

Mother's Birthplace: P. G. Co

Name of person giving information: Gabriel Parker

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 93

How long:

Immediate: Pneumonia

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. Ridout

Address:

Accident or Suicide?

LIBRARY BUREAU A6861G

Name in Full: Louis Randall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town [illegible] County Ad

Date of death: 1904 Month Dec Day 24th

Age: Years 2 Months Days

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation: child

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Louis Randall

Father's Birthplace: Ad Co

Mother's Maiden Name: Lizzie Sargeant

Mother's Birthplace: Ad Co

Name of person giving information: Father

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capill[illegible] Bronchitis — How long: Four days

Immediate: Apnoea — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide?

LIBRARY NUBLAJ A63516

Name in Full: Holliday Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel; MARYLAND

Date of death: Month: Dec; Day: 11; Years: Age 43; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: A.A. Co.

Occupation: Shoe Cobler; Where Residing if not at place of death: 25 Pleasant

Married, Single or Widowed: Married; Name of Wife or Husband: Harriet Richardson

Father's Name: Jeremiah Richardson; Father's Birthplace: A.A. Co.

Mother's Maiden Name: Harriet Kent; Mother's Birthplace: Calvt Co.

Name of person giving Information: Saml Richardson; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Dropsy; How long: 1 year

Immediate: Exhaustion; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide? No

LIBRARY BUREAU A66616

Name in Full: Annie A Sanderland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Annarundle

Date of death: Month: Dec — Day: 4 — 1904

Age — Years: 64 — Months: 1 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation: Housewife. — Where Residing if not at place of death: Annapolis

Married, Single or Widowed: Married — Name of Wife or Husband: William Sanderland

Father's Name: Samuel Tydings — Father's Birthplace: Annapolis

Mother's Maiden Name: Annie Tydings — Mother's Birthplace: Annapolis

Name of person giving information: Margrate Clark — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: 1 yr

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J Murphy

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John F Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Ant

Date of death: 1904 Month: Dec Day: 18th

Age: Years: 66 yrs. Months: Days:

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Laborer Colored

Where Residing if not at place of death: 95 Clay St.

Married, Single or Widowed: Married

Name of Wife or Husband: Mary Spencer

Father's Name: Dont Know

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: J. A. Adams

How related to deceased: Landlord

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis 66

How long: One year

Immediate: Asthenia

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

~~Accident or Suicide~~?

LIBRARY BUREAU A6S816

Name in Full: Harriet Sprigg

CERTIFICATE OF DEATH

Died at: Town: Odenton — County: Anne Arundel — MARYLAND

| Date of death | Month | Day | Age: Years | Months | Days |
|---|---|---|---|---|---|
| 1904 | Dec | 22 | 45 | | |

Sex: Female — Color or Race: Black — Birthplace: A.A.Co

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Samuel Sprigg

Father's Name: Charles Parker — Father's Birthplace: A.A.Co

Mother's Maiden Name: Eliz Green — Mother's Birthplace: A.A.Co

Name of person giving In formation: Samuel Sprigg — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular disease of the heart — How long: 2 years

Immediate: Syncope — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Dr Bois

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Amanda Stein

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: A. A.

Date of death: 1904; Month: Dec.; Day: 20

Age: Years: 38; Months: 4; Days:

Sex: Female; Color or Race: White; Birthplace: W. Va.

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: Joseph Stein

Father's Name: J. W. Bohlman; Father's Birthplace: Germany

Mother's Maiden Name: K. E. Riddle; Mother's Birthplace: "

Name of person giving In formation: Joseph Stein; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Splen.-Medullary Leukemia; How long: 1½ yrs

Immediate: Asthenia; How long:

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: J. Oliver Purvis, M. D.,

Address: Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Magdalene M. Theisz

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: Dec — Day: 20 — Age: Years — Months: 8 — Days: 4.

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Herman Theisz — Father's Birthplace: Balto Md.

Mother's Maiden Name: Mary M. Herget. — Mother's Birthplace: Balto Md

Name of person giving In formation: Mary M. Theisz — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: 7 days

Immediate: Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Clement Claude M.D.

Address: 9 St. John St. Annapolis, Md.

Accident or Suicide? —

LIBRARY BUREAU A69516

Name in Full: Robert Goosood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smithville; County: Anne Arundel

Date of death: Month: Dec; Day: 7; 1904

Age: Years: 64; Months: ; Days:

Sex: Male

Color or Race: Colored

Birthplace: Africa

Occupation: Laborer

Where Residing if not at place of death: Smithville

Married, Single or Widowed: Widowed

Name of Wife or Husband: Anna Goosood

Father's Name: Unknown

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: Joseph Goosood

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility

How long: Months

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

ages

Accident or Suicide?

Signature of Physician: John Ridout MD

Address: Annapolis Md.

LIBRARY BUREAU A66618

Name in Full: Frank C. Tucker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: A.A. Co. and

Date of death: Month: 1904 Dec — Day: 14 — Years: Age 29 — Months — Days

Sex: Male — Color or Race: Negro — Birthplace: A.A. Co.

Occupation: Laborer — Where Residing if not at place of death: 28 Washington St.

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: William Tucker — Father's Birthplace: A.A.Co.

Mother's Maiden Name: Charlotte Bell — Mother's Birthplace: A.A.Co

Name of person giving Information: Thomas Tucker — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 months

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout, M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66810

Name in Full: Alexander Whitington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St Marquets — County: Anne Arundel

Date of death: Month 12 — Day 25 — 1904

Age: Years 54 — Months 10 — Days —

Sex: Male

Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D Rdout M D

Address: St Marquets A. A. Co

Accident or Suicide?

LIBRARY BUREAU A66816